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REPORT OF THE EXECUTIVE DIRECTOR FOR 1997: PROGRAMME PRIORITIES

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1. Since the International Conference on Population and Development (ICPD), much greater emphasis has been placed on the need to measure progress in achieving population and health goals. The selection of indicators to serve as markers of performance in population programmes, at both the national and global levels, has thus assumed a new prominence.

2. UNFPA developed such a set of indicators during a twelve-month period that culminated in a thematic workshop in February 1997. The process involved extensive consultations with members of the Fund's Country Support Teams (CSTs) and with representatives from the United Nations, including WHO, UNICEF and the Population Division; bilateral agencies; academic institutions and experts; and non-governmental organizations (NGOs). The Fund produced a report on the results of those consultations, which was circulated widely to all country offices and concerned organizations. It is hoped that this set of indicators will contribute to the notable initiatives that have taken place to harmonize the demands for indicators among United Nations agencies and to develop standardized sets of indicators, including those of the Task Force on Basic Social Services for All (BSSA) and the Minimum National Social Data Set endorsed by the Statistical Commission of the United Nations.

3. The main purpose is to present a manageable and practical set of qualitative and qualitative indicators that can be used to measure the progress, performance and impact of population programmes, including in the three core programme areas of UNFPA -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Although separate lists are provided for each of these thematic areas, the aim is to present a single comprehensive list applicable to a country's entire population programme.

4. The list of indicators is a work-in-progress. But its importance to the work of UNFPA cannot be overstated. It represents a significant first step in the establishment of an indicator framework that UNFPA can begin to promote in the field to help it gauge post-ICPD progress in its core programme areas. The list is also useful in developing subprogrammes in the Fund's three main programme areas and monitoring their effectiveness. Some indicators may be difficult to compile for a variety of reasons, most notably the need for bold efforts in almost every country to develop a truly national integrated data system. In some measure, however, it is hoped that the set of indicators will help increase awareness of existing shortcomings in these areas and promote dialogue between those gathering information and those using it.

I. REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH

5. Reproductive health remained the primary focus of UNFPA's programme during 1997, accounting for over 60 per cent of total programme allocations. Key activities in this area during the year included, inter alia, further operationalizing sexual and reproductive health; refining approaches to adolescent reproductive health; reducing maternal mortality; assessing contraceptive requirements and logistics management needs in recipient countries; providing emergency assistance in refugee

situations; and addressing HIV/AIDS. Providing policy guidance and technical support in these and related areas was a key role of UNFPA headquarters during the year.

6. UNFPA country programmes remained the main vehicle for further operationalizing reproductive and sexual health, reflecting a strong reproductive health orientation. The programming process benefited from a series of regional consultations, which were held in Addis Ababa, Ethiopia, 25-30 January; New Delhi, India, 22-26 September; Lima, Peru, 3-7 November; and Rabat, Morocco, 24-28 November. They brought together a wide range of experts from the governmental and non-governmental sectors and bilateral agencies, as well as from partner United Nations organizations such as WHO, UNICEF and the World Bank.

7. The consultations were the second step in the process to move beyond the promotion of the concept of reproductive health to the development of programmes to meet the reproductive health needs of individuals and couples. The first step had been a global expert consultation held in the spring of 1996, which culminated in the publication of a technical report in 1997. The recommendations of the regional consultations will be used, along with those from the global consultation, as inputs to a guidance note that will serve as a blueprint for developing a set of specific tools for operationalizing reproductive health.

A. Adolescent reproductive health

8. Approximately 15 million young females ages 15-19 give birth each year, accounting for more than 10 per cent of all babies born worldwide. Only about 17 per cent of them use contraception. Young mothers, especially those under 16, have increased likelihood of serious health risks. The risk of death in childbirth is five times higher among 10-14 year-olds than among 15-19 year-olds and, in turn, twice as high among 15-19 year-olds as among 20-24 year-olds. Teenagers are overrepresented among those obtaining abortion and even more so among those needing medical care for complications of unsafe abortion. When adolescents bear children, their offspring also suffer higher levels of morbidity and mortality. The incidence of sexually transmitted diseases (STDs) is also disproportionately high among young people: 1 in 20 adolescents contracts a sexually transmitted disease each year, and half of all cases of HIV infection take place among people under age 25.

9. Adolescence is a period of increased risk-taking and therefore susceptibility to behavioural problems and the time of puberty and new concerns about reproductive health. Female adolescents, compared to their male counterparts, face disproportionate health concerns following puberty; foremost among these are too-early pregnancy and frequent childbearing. Male adolescents, for their part, often lack a sense of shared responsibility for sexual and reproductive matters and respect for reproductive choices. This helps perpetuate traditions in many developing countries that encourage early marriage followed quickly by a first and subsequent births. Even where these influences are

waning, lack of sexual and contraceptive knowledge, along with difficulty in obtaining contraceptives, results in continued early childbearing among adolescents.

10. Adding to the challenge is the sheer magnitude of the numbers: more than half the population in developing countries is under 25. The 10-24 year-old population in these countries is estimated at 1.3 billion, and growing; by 2025, this number is expected to rise by some 400 million.

11. These are among the many reasons why adolescent reproductive health is a priority concern of UNFPA. And, although a relatively new and sensitive area, there is good evidence that information and service programmes for adolescents, both male and female, result in improved health of young people, improved health of young mothers when they bear children, better birth outcomes and health of infants, enhanced socio-economic potential for young women, and slowed population growth.

12. UNFPA's entry into the area of adolescent reproductive health occurred at a time when adolescents were largely neglected in policies and programmes. Today, this is changing. The reproductive health needs of adolescents are, by necessity, becoming a priority concern in an increasing number of countries. There is also increased interest among United Nations development partners, donors and NGOs.

13. UNFPA support for activities targeted at adolescents has expanded dramatically in the last decade. So has the scope of UNFPA programmes, from an early emphasis on education to a broader array of information, outreach, advocacy, and service programmes, many of them involving adolescents in both programme design and implementation. Moreover, the findings and recommendations of a recent thematic evaluation have given direction to the latest cycle of UNFPA-funded programmes and projects and are serving as an important tool for advocating strengthened government action to address adolescent reproductive health needs.

14. Such strengthened action is needed in all regions, as the majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights. Nor do they have access to preventive and curative services. Providing adolescents with access to such information, education and services is thus the main challenge for future programmes.

15. Country-level implementation. Adolescent reproductive health is increasingly becoming a government priority. A few examples may be help illustrate this, as well as the nature and impact of UNFPA assistance in this area.

16. The Islamic Republic of Iran is a good case in point, and with good cause: some 40 per cent of its population is under 15 years of age. The Government has used many different channels to raise awareness among adolescents on issues related to reproductive health and family planning. These include public health outlets, Parent-Teacher Associations, and NGOs, among others. In August, the

Government convened the "First National Workshop on Adolescents' Health", marking the beginning of a series of nationwide activities. The workshop discussed a questionnaire that had been prepared by the Department of Family Health of the Ministry of Health and Medical Education and decided to conduct a study on adolescent reproductive health in three pilot provinces, with a view to developing specific policies and programmes. In a related activity, the Family Planning Association of Iran, an affiliate of the International Planned Parenthood Federation (IPPF), is working on linking adolescent reproductive health with the teachings of Islam in order to make it more acceptable to the Iranian people.

17. The UNFPA-supported subregional programme in the Caribbean is another positive example. It emphasizes adolescent reproductive health and rights as one of its two substantive themes, moving away from past emphasis on providing services to women-in-union only to a more integrated and inclusive approach. The programme is focused on providing access to, and delivery of, services through a coalition of government, NGO, youth and community-based organizations. The programme is designed as a truly subregional operation, targeting adolescents and young people for special attention in all countries in the subregion and making use of pilot testing and training in countries where such an integrated approach is new.

18. Adolescent reproductive health is also a priority concern in Nicaragua. UNFPA support to the first national Centre for Adolescent Reproductive Health in Managua has enabled the Centre to provide health care to a large number of pregnant adolescents primarily from poor urban areas, as well as information materials and training to NGOs working in this field. As a result, over 7,000 adolescents and youths of both sexes, in a spectrum ranging from university students to gang members, have been trained in reproductive and sexual health issues. In addition, a special training module has been developed in collaboration with the Nicaraguan Communal Movement, resulting in the creation of rural Health Brigades throughout the countryside with a large number of promoters of reproductive health for adolescents.

19. Recognition of the importance of adolescent reproductive health also made inroads in countries in which such issues are particularly sensitive. In Gabon, for example, a special meeting at the National Assembly in April provided a unique forum to discuss the main reproductive health problems facing Gabonese youth today. Among the issues discussed at the meeting, which was attended by the President of the National Assembly and some 60 parliamentarians (about half the total in the Assembly), were the increase in the rate of abortion among teenage girls and the need for an educational system that would enable teenagers to manage their sexuality and offer them appropriate counselling and training to get a successful start in life. World Population Day also provided an opportunity to convene the country's First National Forum of NGOs on Adolescent Reproductive Health. About 200 people took part in the event, representing some 30 NGOs. The opening ceremony was attended by the spouse of the Gabonese President and by the Minister of Public Health. The National Forum lasted three days and produced the Declaration of Libreville

containing recommendations on such issues as reproductive health and services, policies and laws, and religious, cultural and societal concerns.

20. Global and regional support. Adolescent reproductive health received considerable attention at the regional and global levels. For example, to promote policy development and programme delivery, UNFPA, together with WHO and UNICEF, issued a statement on Action for Adolescent Health: Towards a Common Agenda, which originated from a joint study group. The common agenda is designed to provide a framework for accelerated joint programming for adolescent health at the country level.

21. UNFPA also produced two important publications promoting reproductive health care for adolescents. One, a joint publication with IPPF entitled Generation 97: What Young People Say about Sexual and Reproductive Health, presents the results of a survey of over 600 young people in 54 countries on such issues as friendship, love and relationships, sexuality, contraception, pregnancy and parenthood, and risk behaviour. The other, UNFPA and Adolescents, uses plain language to look into such issues as programming for adolescent reproductive health and the use of strategic alliances.

22. UNFPA worked closely with a number of NGOs in promoting the reproductive health of special groups of adolescents, including refugees. With the Fund's support, the World Association of Girl Guides and Girl Scouts and Family Health International began work in three countries with a view to developing a methodology to promote the health of adolescent girls, including reproductive health, that can be applied to the refugee work of girl guide associations throughout the world.

23. UNFPA convened a regional meeting in San Jose, Costa Rica, 1-3 December, bringing together more than 150 high-level representatives from governmental and non-governmental sectors, as well as the international development community, to examine progress made at the country level and to articulate a regional commitment to improving the reproductive and sexual health of young people in Latin America. The participants emphasized the need to provide counselling and services specially suited to adolescents and made numerous action-oriented recommendations in such areas as public policy, information and services, and strategic partnerships.

24. The concerns of youth and reproductive health in countries in transition were the subject of a European regional meeting, which met 23-25 June in Copenhagen. The meeting, which was organized by UNFPA and the Government of Denmark in cooperation with the WHO Regional Office for Europe, brought together some 70 representatives from NGOs and relevant government departments from the countries of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States to share their experiences in dealing with adolescent reproductive and sexual health issues. The participants highlighted the seriousness and urgency of the problems that young people face and proposed major strategies to address the specific needs of youth in the region. The recommendations that emanated from the meeting will guide UNFPA in its future assistance to these countries.

25. The Fund co-sponsored, with the United Nations Division for the Advancement of Women (UNDAW), UNICEF and the Economic Commission for Africa, an Expert Group Meeting on Adolescent Girls and Their Rights, in Addis Ababa in October. The meeting made a number of recommendations that had far-reaching implications for adolescent girls in terms of creating an enabling environment, providing reproductive health services, and identifying special groups of adolescent girls who need attention. UNFPA also co-sponsored the Second World Congress on Family Law and the Rights of Children and Youth, which was held in San Francisco in May. The Congress, attended by some 500 participants from over 50 countries, adopted a resolution stating that all couples and individuals, including adolescents, should have access to reproductive health information and services.

B. Reducing maternal mortality

26. A key objective of UNFPA assistance is to reduce maternal mortality. This requires close collaboration with many development partners, particularly WHO and UNICEF, as well as national and international NGOs. UNFPA has worked closely with WHO and UNICEF in defining guidelines for monitoring maternal health programmes and with WHO in conducting epidemiological research on the causes of maternal mortality. Moreover, technical specialists from WHO, UNICEF and the World Bank, among others, participated in the regional consultations organized by the Fund on operationalizing reproductive health.

27. UNFPA also participated in the Safe Motherhood Technical Consultation sponsored by the Inter-Agency Group for Safe Motherhood, which was held in Colombo, Sri Lanka, 18-23 October. Over 250 delegates from 65 countries and various organizations, including the World Bank, UNICEF, WHO, Ministries of Health, and a number of NGOs, participated in the consultation. The participants acknowledged that reducing maternal mortality had proven much more difficult than had been thought at the Nairobi conference that launched the Safe Motherhood Initiative 10 years earlier. This was due in part to the multi-faceted nature of the problem and, consequently, the need for a multidimensional programme approach to deal with it. Nonetheless, participants identified lessons learned in implementing safe motherhood activities that could be used to guide future programming in this area.

28. In general, high levels of maternal mortality indicate weaknesses in the coverage and quality of reproductive health services, including family planning. Improving access to and availability of quality family planning information and services, particularly among high-risk groups such as teenagers, women over age 39 and those of high parity, help to reduce maternal mortality. The lack of services, both human and physical, results in many readily avoidable maternal deaths, particularly among the rural poor. This unmet need requires that emergency obstetric services be extended and that the quality of services be improved.

29. In order to help mobilize such obstetric and gynaecological services, UNFPA is providing assistance to an innovative project being executed by the International Federation of Gynaecology

and Obstetrics. The project, appropriately called "Save the Mothers", is being implemented in seven countries that have high maternal mortality rates, the existence of an active obstetric/gynaecological society, and a demonstrated government commitment to improving women's health. The aim is to define how maternity services can best be organized and extended within available resources to handle efficiently early detection, referral and management of life-threatening complications in pregnancy and childbirth. The project will develop, execute and test a demonstration project at the district level in each country.

30. Most UNFPA country programmes employ multidimensional approaches to meet the reproductive health needs of the people they serve. The programme in the Islamic Republic of Iran, for example, is assisting the Government in integrating more aspects of reproductive health and family planning information and services into its primary health care network. The emphasis is on improving quality of care. Hundreds of training courses have been conducted at the district level for health-care and family planning workers, many of them women, to improve their knowledge and skill in providing integrated reproductive health care, including family planning. The programme is also emphasizing male participation, holding a workshop on this topic for the first time. This was accompanied by the development of special reproductive health IEC programmes for military bases in order to target a large group of young men. The Government also conducted a workshop to discuss reproductive and sexual health issues with young married couples. It was decided to prepare special IEC materials for this group and to include sex education in compulsory pre-marital counselling classes that are held throughout the country.

31. An activity in Bolivia supports a national strategy to accelerate the reduction of maternal mortality. It focuses on quality of care of obstetric emergencies. The programme aims to develop service delivery norms; train medical, nursing and auxiliary staff; provide medical equipment; and develop appropriate management and organization systems. A national maternity insurance has been created to reduce economic barriers to services, and options are being explored to expand this insurance to include family planning. UNFPA is also supporting related activities, linking with NGOs to improve the quality of services, conduct research and implement pilot activities. The Fund has also provided assistance for a sensitization campaign for national and community leaders in support of a national commission for safe motherhood. A National System for Monitoring Maternal Mortality has been established to review and analyse causes of maternal mortality.

32. An activity in Morocco provides another useful example. It seeks to strengthen national capacities to coordinate the implementation of the national safe motherhood strategy and to improve the performance, quality and accessibility of reproductive health services in six provinces. It has three strategic orientations: upgrade existing health centres and rural hospitals to be able to deliver reproductive health services; strengthen management capacities at the periphery; and promote social mobilization. The activity provides equipment, medical supplies and contraceptives. It also has a strong training component, providing training in interpersonal communication, risk-management, post-partum counseling, and contraceptive use to heads of health clinics, doctors, midwives and

nurses; in safe delivery practices to doctors, midwives and nurses; and in management and medical audit to supervisors.

33. Similar integrated approaches are found in Gabon, Cote d'Ivoire, Niger, Nigeria and Uganda. The programmes make use of traditional and popular media to create awareness of the importance of family planning and of ante- and postnatal care and attended deliveries as essential means of improving reproductive health. They each also train health care providers to distribute contraceptives and act as pregnancy monitors so that they can refer pregnant women with complications to health care facilities. Doctors and nurses are trained with the necessary skills to cope with obstetric emergencies, and traditional births attendants (TBAs) are trained in basic hygiene to prevent infection. The programmes provide assistance to renovate health facilities as well as to supply the clinical equipment needed to integrate reproductive health within existing primary health care facilities.

C. Emergency assistance in refugee situations

34. Nineteen ninety-seven was an eventful year for UNFPA assistance to reproductive health in refugee situations, as UNFPA developed close operational links with the main agencies providing humanitarian assistance, in particular UNHCR and the International Federation of Red Cross and Red Crescent Societies (IFRC), as well as with other partners with which it works closely, such as WHO and UNICEF.

35. As a result, in part, of Executive Board decisions 96/3 and 97/7, which enhanced UNFPA's ability to respond promptly to emergency requests, UNFPA's participation at the country level increased significantly during the year, primarily through the initiatives of UNFPA representatives and CST Directors. For example, UNFPA is participating in United Nations Consolidated Appeals in several countries -- Bosnia, the Great Lakes Region of Africa, Liberia, Sierra Leone, Sudan and Tajikistan. The Fund has also developed reproductive health activities for, or provided assistance to, local emergency task forces in response to natural disasters in the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Ecuador, Madagascar, Papua New Guinea and Viet Nam.

36. In 1997, 30 UNFPA projects addressing reproductive health in refugee situations were operational in 21 countries: 7 in Africa; 5 in Asia and the Pacific; 5 in the Arab States; and 4 in Europe. Ten projects addressed the needs of the general population or returnees; 12, the needs of refugees; and 8, the needs of internally displaced persons. Twenty-two projects sought primarily to create, rehabilitate or improve reproductive services; 4 addressed the reproductive needs of adolescents; 3 dealt with various aspects of information, education and communication (IEC); 1 was a survey on the health and socioeconomic factors of refugees; and 1 was a micro-enterprise project with reproductive health and training components.

37. An important feature of the Fund's work during the year was the distribution of Reproductive Health Kits for use in emergency situations. The kits were assembled by the Inter-Agency Working Group on Reproductive Health in Refugee Situations (WHO, UNHCR, UNFPA, IFRC and others) in response to the crisis in the Great Lakes region. The need for proper reproductive health kits was first felt during the Bosnian crisis in 1992. This and subsequent experiences in emergency situations revealed thousands of cases of sexual violence and brutality against women, unwanted pregnancy due to unplanned or forced sex, poor care or lack of care during pregnancy and childbirth, and the breakdown of law and order and the increased risk of rape, sexual abuse and sexual exploitation that often accompanies it.

38. The purpose of the kits is to help ensure that women, and men, in all situations, including emergencies and crises, can have access to reproductive information and services if they want or need it. But more importantly, they save women's lives. The kits were crucial in meeting emergency reproductive health needs in such countries as Albania, Bosnia-Herzegovina, and Rwanda. In response to a widely circulated brochure on the kits, UNFPA country offices in Cambodia, Democratic Republic of the Congo, Madagascar, Sri Lanka, Sudan, Uganda and Viet Nam sought additional information on the kits as well as on how to use them. And two new projects, in Afghanistan and the Republic of Congo, included the kits as part of their basic reproductive health equipment. To ensure a ready and timely supply of the kits, UNFPA has allocated $500,000 to stockpile the kits in warehouses in the Netherlands. The aim is to be able to deliver the kits in less than one week after they are ordered.

D. HIV/AIDS

39. During 1997, UNFPA supported HIV/AIDS-prevention activities in 132 countries, compared to 124 countries in 1996 and 114 counties in 1995. The Fund's support continued to be provided in line with national HIV/AIDS policies and programmes and within the global strategy of the Joint United Nations Programme on AIDS (UNAIDS). The Fund participates in UNAIDS theme groups in 119 countries and chaired such groups in 8 countries during 1997.

40. The reproductive health guidelines issued by UNFPA in 1997 specify the types of support the Fund can provide in the area of HIV/AIDS: the supply and distribution of condoms, and of appropriate supplies and equipment at the primary health care level; in-school and out-of-school education activities; training of reproductive health information and service providers; IEC activities focusing on HIV/AIDS, as part of population and reproductive health programmes; and operations research on integrating HIV/AIDS-prevention activities into reproductive health programmes at the primary health care level, as well as research on the socio-demographic consequences of the epidemic.

41. At the country level, most UNFPA-supported activities are integrated into reproductive health information and service programmes and advocacy programmes. During 1997, in addition to

collaboration and cooperation with the other UNAIDS co-sponsors, the Fund collaborated closely with NGOs involved in implementing UNFPA-supported HIV/AIDS-prevention projects in 80 countries.

42. Youth and adolescents are among the groups most vulnerable to HIV infection and thus a target for UNFPA assistance. So are women. According to recent estimates by UNAIDS and WHO (*HIV/AIDS: The Global Pandemic*) the epidemic continued to expand in 1997, with an estimated 5.8 million new HIV infections -- approximately 16,000 a day. Over 40 per cent of the new infections among adults occurred in women. The majority of newly infected adults are under 25 years old.

43. UNFPA employed innovative approaches in some 96 countries to address the needs of in- and out-of-school youth, young women, males in the labour force, employees of the police and the military, and female prisoners. Modern media and traditional channels of communication have been used to raise awareness among policy makers and the general public. In Kenya, for example, under the UNAIDS theme group framework, support has been provided to "road-shows" in rural towns and trading centres to convey messages in an entertaining and interactive manner. In Latvia, multimedia events such as "Rock Against AIDS" and "New Rap Generation Against AIDS", together with film clips and television serials, have targeted youth and adolescents. Similarly, in Namibia, two drama groups, Puppets Against AIDS (PAAN) and Yatala, have organized "Dramas for Health" workshops that highlight the health and social implications of HIV/AIDS and convey HIV-prevention messages.

44. In 1997, UNFPA provided 172.8 million condoms worth $5.5 million to 55 countries and procured an additional 15.8 million condoms on behalf of other agencies. Female condoms were provided to two countries. Surgical gloves and equipment to enable safe clinical practices were also supplied during 1997.

45. In support of country-level activities, UNFPA provided assistance for a number of HIV/AIDS-prevention activities both at the regional and interregional levels in 1997. For example, in the Africa region, HIV/AIDS-prevention modules form an integral component of the UNFPA regional IEC training programmes in Abidjan and Nairobi. HIV/AIDS was highlighted as one of the critical issues affecting the reproductive health of youth and adolescents at the African Forum on Adolescent Reproductive Health held in Addis Ababa in January 1997. In the Asia and Pacific region, a new NGO-executed project was undertaken to promote advocacy for adolescent reproductive health and responsible sexual behaviour among adolescents. UNFPA is also supporting two regional training programmes for service providers from Central and Eastern Europe -- one at The Netherlands School of Public Health; the other at the University Medical School of Debrecen, Hungary -- both of which include HIV/AIDS-prevention components. Similarly, in the Latin America and Caribbean region, UNFPA has supported the inclusion of HIV/AIDS components in the reproductive health curricula in schools of health sciences. HIV/AIDS prevention has also been incorporated in all regional projects on reproductive health. Moreover, the Fund has provided support, *inter alia*, to WHO and The Population Council for research in the area of STD/AIDS prevention.

II. POPULATION AND DEVELOPMENT STRATEGIES

46. In focusing on population and development strategies, UNFPA seeks to ensure a balance between socio-economic development and population dynamics by providing appropriate information and analysis; influencing policy, planning and programmes; and building national capacity in population programming. The revised guidelines for UNFPA support for population and development strategies, issued in 1997, address UNFPA's commitments in this area and reflect the population and development goals of the ICPD, by following a people-centred approach to sustained economic growth and sustainable development.

47. Reliable, regular and timely data on population and development are essential for effective policy formulation and programme implementation. The Fund's work in this area seeks to help develop and strengthen national capacity for generating and analysing relevant information necessary to develop policies and programmes. Towards this end, UNFPA is providing extensive support to countries for the year 2000 round of censuses. The Fund has also begun a programme of collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) to collect and analyse data on the flows of financial resources for population programmes, both international and domestic. This collaboration has resulted in the creation of a resource-flow database that is becoming a valuable tool for monitoring this important aspect of the implementation of the ICPD Programme of Action.

48. Country-level implementation. During 1997, UNFPA continued to operationalize population and development strategies at the country level through the implementation of a number of ongoing and newly-approved country programmes. This process focused on: stimulating a better understanding among policy makers of the importance of the linkages between population and development; integrating population dimensions into development strategies that reflect the individual needs of men, women and adolescents; strengthening national data systems and analytical capabilities for policy formulation and programme development and monitoring; undertaking relevant policy analyses and research; and promoting the empowerment of women.

49. In Botswana, UNFPA, in active partnership with the Government, facilitated the formulation of a comprehensive draft national population policy, deepened awareness of the role of population in national development and helped to focus attention on population issues in the national debate on development issues. UNFPA's third country programme (1998-2002) will continue to support the development of a multisectoral and comprehensive Population Plan of Action and to facilitate the development of district-specific action plans, operational manuals, guidelines and procedures to enhance coordinated implementation of the population policy and programmes. UNFPA support, which will be given to the National Council on Population and Development to enhance its capacity to coordinate the initial phases of the implementation of the population programme, will focus on strengthening technical assistance, developing national human resources and enhancing the institutional capacities of relevant coordinating units at both national and district levels.

50. In Cameroon, UNFPA provided technical and financial support to the Government in the preparation of the draft National Population Programme. The proposed five-year UNFPA country programme (1998-2002) seeks to revise and update the Declaration of the National Population Policy of 1992 to reflect the recommendations of both the ICPD and Fourth World Conference on Women (FWCW), to prepare sectoral and regional action plans and to implement them at the national and regional level. The proposed strategy focuses on training and increasing population awareness and includes seminars and workshops for government and community leaders, educators, NGOs, women's associations and youth groups as well as sensitization and information campaigns for the general population. The programme will analyse legal texts on women's rights and study the prevalence of violence against women with a view to incorporating women's issues in the National Population Policy and integrating women's rights into the Family Code. Support will also be provided for activities relating to the 1999 Third General Census on Population and Housing, various demographic and sociocultural studies, and the creation of a socio-demographic database disaggregated by sex.

51. In Lesotho, the proposed country programme seeks to review and revise the National Population Policy in order to make it more comprehensive by taking into account the concerns of the ICPD Programme of Action and the FWCW Platform for Action as well as the country's main demographic concerns, including maternal mortality, morbidity, gender, youth issues, migration and the environment. This will include the preparation of a plan of action to identify and strengthen the institutional mechanisms to coordinate and implement the revised National Population Policy.

52. The proposed country programme in Bangladesh seeks to increase national technical capacity to implement population policies and programmes. Technical workshops and on-the-job and other training will be conducted to enhance the capacity of national development planners to integrate population variables, including gender concerns, into the process of overall and sectoral planning. In Bhutan, UNFPA support will also focus on training staff in population, environment and development issues to ensure that population concerns are adequately integrated into development plans. Gender training will be given to planning officers of sectoral ministries to ensure that gender concerns are addressed in policy formulation and implementation of development activities. Possible areas of research will be explored in an effort to provide a better understanding of the intricate relationship between population, environment and poverty. Training will also be provided to strengthen the technical and logistical capability of the Central Statistical Organization and data collection systems at the regional and local level.

53. In Jordan, the proposed country programme seeks to enhance the implementation of the national population policy formulated with the assistance of UNFPA under the previous programme by developing an appropriate mechanism for coordinating, monitoring and evaluating implementation efforts. Local training programmes will be conducted on specific population and development, as well as gender, concepts to upgrade the technical skills and knowledge of staff involved in the implementation of the National Population Strategy. UNFPA will help establish a

population information system that will consolidate demographic indicators obtained from such diverse sources as censuses, surveys and vital registration systems.

54. The UNFPA country programme in Ecuador places special emphasis on disadvantaged women, including indigenous women, as well as on adolescents in rural areas. The programme's population and development strategy is to provide technical assistance in the review of the National Population Action Plan in order to make it more responsive to the ongoing process of decentralization of governmental functions, and to train local staff in implementing the information systems needed for programming population and development activities for vulnerable groups. The programme also seeks to promote the effective coordination of activities among local government agencies and NGOs that address women's issues in order to incorporate gender as a cross-cutting and permanent consideration in the planning of basic social services.

55. Global support. At the global level, UNFPA continues to operationalize population and development strategies through active involvement in United Nations and other international conferences, meetings and symposia. UNFPA convened an Expert Group Meeting of the Global Programme of Training in Population and Sustainable Development to establish a framework that would facilitate the translation of ICPD priorities and recommendations into the global training initiative. The meeting underscored the importance of focusing on the interlinkages between population, sustained economic growth and sustainable development, with emphasis on poverty eradication, gender equality, the situation of vulnerable and underserved groups, reproductive health, concerns of adolescents, population mobility, and environmental degradation.

56. In connection with the United Nations General Assembly Special Session on UNCED+5, UNFPA submitted an annual report to the Fifth Session of the Commission on Sustainable Development on progress in the implementation of chapter 5 of Agenda 21 since the 1992 Earth Summit that presented a critical account of both achievements and shortcomings and discussed emerging priorities. UNFPA participated in the XXIIIrd General Population Conference of the International Union for the Scientific Study of Population (IUSSP), preparing, *inter alia*, the sessions on "The UNFPA Experience in Training in Gender, Population and Development" and "Implementation of the ICPD Programme of Action, Three Years After Cairo".

57. UNFPA continues to fund two important projects in the area of population information technology: the United Nations Population Information Network (POPIN) and the Computer Software and Support for Population Activities (POPMAP). POPIN, which has become the most used international population information site on the Internet, continued to strengthen and coordinate population information activities at the international, regional and national levels during 1997. It provided technical assistance to the United Nations Regional Commissions which, in turn, transferred skills to national institutions. Local consultants were identified to establish Internet sites in national population institutions in order to build up technical capacities and expand access to local information sources. By mid-1997, although POPIN continued to host the POPIN World Wide Web site, material

was being contributed by institutions in a number of developing countries, as well as by the UNFPA country offices and CSTs in Asia and Africa.

58. The POPMAP project released upgraded versions of the software with new and enhanced features; conducted training workshops; and provided technical backstopping support for developing POPMAP applications in a number of countries. It also compiled a repository of country geographic data sets for distribution to POPMAP users to facilitate the application of POPMAP in the development process.

59. Two other projects were approved in this area in 1997: Demographics Software for Population Education package, *DemoTables and DemoGraphics*, which will be an important advocacy and educational tool for population and development awareness creation, and the Development of On-line Information Services on Population and Environment Linkages.

III. ADVOCACY

60. Advocacy is essential in galvanizing broad-based political commitment and mobilizing financial support for population and reproductive health activities. It is also indispensable in placing population concerns on development agendas. Since the ICPD, the focus of the Fund's work in advocacy has been on the global priorities that are central to the ICPD Programme of Action. These include, among others, influencing the formation of attitudes and behaviours and establishing policies and programmes that promote choice, access to reproductive health services, gender equity, and environmental stewardship and related patterns of consumption.

61. Advocacy is key to mobilizing national, regional and international resources for promoting and achieving the goals of the ICPD Programme of Action. At the country level, in addition to funding advocacy activities in the context of national programme priorities, UNFPA has supported advocacy activities to enhance visibility and improve public perceptions of ICPD priorities.

62. Advocacy efforts related to reproductive health and rights have aimed at promoting greater male involvement in reproductive health programmes and greater attention to the reproductive health needs of adolescents. They have also sought to influence changes in existing laws and regulations that perpetuate inequalities and inequities, especially those that are gender-based. Advocacy related to population and development strategies has supported, or sought to influence, government efforts to review and revise national policies to bring them in line with the ICPD Programme of Action. It has also solicited the support of policy makers and donors to provide the necessary resources to establish data banks and databases and to improve management information systems. Advocacy related to gender has focused on increasing girls' access to quality basic education and keeping them in school; eliminating discrimination, coercion and harmful practices against women and children; and promoting sociocultural research that gives insights into how best to influence changes in customs and traditions that perpetuate gender inequality in relation to reproductive and sexual health and rights.

63. All UNFPA-supported advocacy programmes emphasize the need to develop partnerships with the media to design appropriate advocacy campaigns, approaches and materials in a variety of forms (public speeches, exhibits, symposia, contests, awards, lobbying, recruiting and working with goodwill ambassadors, study tours, meetings, training, public debates and so on) and to build capacity in this area. The media are important gatekeepers to policy makers and the public alike and thus must be educated, reached and persuaded to be a partner in population advocacy.

64. Country-level implementation. Although advocacy activities account for a relatively small proportion of UNFPA programme resources, they often hold the key to whether a programme succeeds or not. Advocacy activities are usually highly focused and have specific objectives and target audiences. In Viet Nam, for example, the Government organized two two-day national advocacy seminars: one on "Women Empowerment in the Population and Development Programme", the other on "Adolescent Reproductive Health following the Cairo Conference". The purpose of the first was to publicize the empowerment of women and to encourage men to participate in reproductive health programmes; the purpose of the second was to create awareness of the reproductive health situation and needs of adolescents in light of the ICPD and the Beijing conference. The seminars targeted three groups: government and party leaders, to motivate them to formulate plans of action to address these issues; the media, to gain their support as informed advocates for these issues; and the public, to respond favourably to efforts in these areas.

65. Mobilizing such political support and commitment to population issues is an element common to advocacy strategies in many countries. In Jordan, for example, such advocacy was instrumental in the development of the National Population Strategy and in subsequent efforts to update the strategy and expand its scope to accommodate ICPD themes. In Nepal, the IEC Unit of the National Planning Commission played a strong advocacy role in gaining parliamentarians' commitment to ICPD goals. And the countries in the Pacific subregion undertook a series of proactive advocacy activities designed to forge support at the highest levels of government for gender equity and equality and the advancement of women.

66. Most countries take advantage of special events to create awareness of population issues. Cuba, for example, used the celebration of World Population Day to hold numerous workshops, seminars, roundtables and other special gatherings to bring together experts, both public and non-governmental, to reflect on current population and related issues. Activities began some three weeks before the event with a Scientific Workshop on Population, Reproductive Health and the Environment, sponsored by Havana University's Centre for Demographic Studies. The main ceremony, on 11 July, took place at the Instituto Superior Pedagógico Enrique José Varona, a university-level teachers college in Havana, which was followed by a Workshop on Education and Population hosted by the Institute. The events received wide coverage in the press and on television and radio.

67. Radio and television are powerful mediums for advocacy. In Albania, for example, a highly successful weekly 30-minute show on Radio Tirana has been providing young Albanians with accurate information on a range of reproductive health issues. The format of the show intersperses guest speakers, listener call-ins and roundtable discussions with news updates, music and entertainment in a way that is attractive to young people. In Papua New Guinea, a twice-weekly radio programme on gender, adolescent sexuality and related development issues, hosted by the YMCA, has been enthusiastically listened to by young people. The programme focuses on community involvement and includes panel discussions and phone-ins. Gabon has had similar success with a very popular weekly 90-minute radio programme covering such topics as prenatal care, safe delivery/safe motherhood, breastfeeding and infertility. Each week, a "news" section presents recent information on the work of United Nations organizations and important NGOs active in the field of reproductive health. In Malawi, a very successful video entitled "The Voices of Young Mothers" won a prestigious award for best television programme in Africa addressing a gender-related problem. The video depicts the plight of adolescent mothers in Malawi and the uncertain future they face.

68. Some activities target the media itself. In South Africa, for example, the National Population Unit organized two seminars to brief members of the media on the rationale and approaches of the country's proposed population policy. The seminars emphasized that reporting on population issues should focus on the human dimension of such issues and not on statistics. Other advocacy activities target programme staff, such as a two-week advocacy workshop in Namibia. The aim of the workshop was to equip participants to carry out population advocacy in their work. Each participant developed an advocacy plan as well as a strategy to implement it. Four of the participants also attended a complementary subregional course on audience research, message design and materials development for population IEC.

69. Most advocacy activities at the country level, of course, directly support various components of country programmes, often in the form of information and education activities. In India, for example, the Government is reorienting the national population programme in light of the ICPD, placing more emphasis on gender equity and equality and on adolescent sexuality. Two meetings, the first of their kinds, were held with all field-level population education coordinators to sensitize them of this shift and to promote intersectoral coordination and collaboration. These and other meetings guided the formulation of the new generation of population education programmes aimed at school children, adolescents, university students and out-of-school adults. In Ethiopia, UNFPA provided technical and financial assistance to develop a National IEC and Advocacy Strategy. The strategy seeks to link IEC to reproductive health services; reach target audiences directly; use the findings of sociocultural research to influence behavioural change; and ensure quality control and cost-effectiveness of activities. This is being complemented by an assessment of related training curricula, training materials, service guidelines and protocols.

70. Global support. In order to provide practical guidance for country programme activities, UNFPA convened the first Expert Consultation on Operationalizing Advocacy in Support of Population and Development Programmes at the Country Level: Lessons Learned. The consultation

was held 3-5 November at UNFPA headquarters and was attended by representatives from national and international NGOs and bilateral and United Nations agencies, as well as experts, trainers and CST advisers. Among the operational conclusions reached were that UNFPA had to build a culture of advocacy at the Fund; that its country programmes had to help build the capacity of new partners as advocates for the ICPD Programme of Action, in particular for reproductive health and rights and gender equity and empowerment; and that to do so, adequate and regular resources had to be allocated to advocacy activities.

71. One of the highlights of the year was the publication of the *State of World Population* report on the theme of reproductive rights and reproductive health. The report was very well received and formed the basis of a special presentation to the Executive Board at its June session. The report was the focus for special activities at the country-level in support of reproductive health and rights.

72. World Population Day activities in over 100 countries were supported by a brochure, poster and video news release. The message from the Executive Director focused on adolescent reproductive health, and a special publication co-produced with IPPF was introduced at a joint press conference by the Executive Director and the Director-General of IPPF.

73. A special advocacy campaign was launched in Europe, with the aim of building and mobilizing a constituency in support of the right to reproductive health for all, including the many women in developing countries who cannot yet exercise their rights. Two well-known personalities, the actress Linda Gray and the model Waris Dirie, agreed to serve as special ambassadors for the campaign. The campaign will also seek to sensitize the public to the need to eradicate harmful practices such as female genital mutilation, a practice Ms. Dirie passionately and eloquently speaks out against in her capacity as UNFPA Special Ambassador for the Elimination of Female Genital Mutilation. Keiko Kishi, Japanese goodwill ambassador, made two public appearances in Japan during the year and visited the Philippines to produce a video and a television programme with World Television, London.

74. In addition, UNFPA produced a full programme of publications, posters, exhibits, and electronic materials in support of advocacy activities at all levels. A feature attracting growing attention is UNFPA's site on the World Wide Web, which was expanded and completely redesigned in 1997.

IV. WOMEN'S EMPOWERMENT AND GENDER ISSUES

75. Gender concerns are a cross-cutting dimension of all UNFPA-supported programming, as is reflected in UNFPA country programmes and in the many examples of country-level activities in this report. To this end, during 1997, UNFPA emphasized women's issues in all its work, promoting reproductive and sexual health and rights within a human rights framework, adolescent reproductive health, and women's empowerment and gender equity and equality, as well as strengthening the gender perspective in policies and programmes of UNFPA.

76. In collaboration with the Center for Reproductive Law and Policy, UNFPA continued to provide assistance to enhance advocacy efforts for reproductive health and women's rights by working with national-level legal and policy NGOs in 51 countries in Africa, Asia, Europe and the Middle East, to strengthen their capacity to conduct research and to promote policies and codified legislation to enhance reproductive rights and women's empowerment. Regional reports on formal laws and polices in key areas are being prepared, which will provide the basis for advocacy for reproductive health and women's rights.

77. The Fund also continued its collaboration with various international NGOs, such as the Women's Environment and Development Organization (WEDO) and the International Women's Health Coalition (IWHC) to strengthen the network of global, regional and national NGOs to advocate for, and monitor, governmental progress in implementing the agreements and decisions reached at the ICPD and the Fourth World Conference on Women (FWCW). Support was also provided to enable representatives of national NGOs to attend international conferences, such as the Microcredit Summit in Washington, D.C. in February, 1997.

78. Enhancing the involvement of men and male adolescents in reproductive health and family life issues is an important component of UNFPA's gender, population and development strategy. With support provided by the Government of Denmark, UNFPA is working with The Population Council (an international NGO) to examine the social behaviour of adolescent boys with respect to future family roles and relationships and the expectations, attitudes and behaviour of men and their effects on male/female decision-making about sexuality and reproduction. The research is focusing on such areas as sexual relations, fertility regulation, reproductive health, family size, and investment in children.

79. As a follow-up to the Technical Consultation on Female Genital Mutilation (FGM) organized by UNFPA in 1996, the Executive Director issued an information note on the Fund's role in the eradication of FGM, including the programming framework set out in the report of the Technical Consultation. Also, UNFPA conducted a survey on FGM activities at the country level. Preliminary responses from UNFPA country offices indicate that efforts with Governments to eradicate FGM are being implemented in the areas of advocacy and information and counselling. In 1997, a *Joint WHO/UNICEF/UNFPA Statement on Female Genital Mutilation* was issued.

80. With support from the Government of the Netherlands and in collaboration with the Royal Tropical Institute (KIT) and local NGOs in three pilot countries, UNFPA is developing a prototype gender, population and development training manual that can be adapted at the country level to train policy-makers, planners, and community leaders at all levels. The manual has been tested in Egypt, Indonesia and Zimbabwe and will be finalized in early 1998. Also, in an effort to develop indicators for mainstreaming gender issues and to prepare guidelines for monitoring gender mainstreaming, UNFPA is assessing the extent to which gender and women's issues have been integrated into UNFPA-supported programmes and projects in 13 countries.

81. UNFPA continues to collaborate with other United Nations agencies and organizations on projects of mutual interest and is an active participant in various inter-agency fora on diverse gender and development themes and issues. For example, support is being provided to WHO for activities of the Global Commission on Women's Health in the areas of maternal morbidity and mortality, education for the health of girls and women, and violence against women. UNFPA sponsored participation in the UNDP-organized International Conference on Governance for Sustainable Growth and Equity (New York, July 1997), during which a special panel on gender and governance was organized by UNIFEM, UNDP and UNFPA.

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